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Anins

SECRETARY OF STATE OF CORPORATIONS DIVISION OF CORPORATIONS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION:	GOLDEN FENIX, CORPORATION		
DOCUMENT NUM	MENT NUMBER: P09000045928			
The enclosed Article	es of Amendment and	fee are submitted for filing.		
Please return all cor	respondence concerni	ng this matter to the following:		
_	M	ARIA APARECIDA RIBEIRO		
		Name of Contact Person		
_		Firm/ Company		
1865 S.KIRKMAN RD. # 918 Address				
		City/ State and Zip Code		
	E-mail address: (to	ex-149@hotmail.com be used for future annual report notification)		
For further informat	tion concerning this ma	atter, please call:		
MARIA APARECIDA RIBEIRO Name of Contact Person		at (407) 7313170 Area Code & Daytime Telephone Number		
Enclosed is a check	for the following amo	unt made payable to the Florida Department of State:		
☑ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

Articles of Amendment to **Articles of Incorporation**

GOLDEN FENIX,CORP

(Name of Corporation as c	urrently filed with the Florida	Dept. of State)
P	09000045928	
(Document)	Number of Corporation (if know	n)
Pursuant to the provisions of section 607. amendment(s) to its Articles of Incorporation		rida Profit Corporation adopts the
A. If amending name, enter the new nam	e of the corporation:	
		The r
name must be distinguishable and conta abbreviation "Corp.," "Inc.," or Co.," or name must contain the word "chartered," "	the designation "Corp," "Inc,"	company," or "incorporated" or or "Co". A professional corporat
B. Enter new principal office address, if	applicable:	
(Principal office address MUST BE A STE		
		
C. Enter new mailing address, if applica		
(Mailing address <u>MAY BE A POST O</u>	·FICE BUX	
D. If amending the registered agent and/		Florida, enter the name of the
new registered agent and/or the new i	egisterea office address:	
Name of New Registered Agent:	MARIA APARECIDA R	IBEIRO
	1865 S.KIRKMAN RD.	# 918
New Registered Office Address:	(Florida street add	
	ORLANDO	, Florida 32811 (Zip Code)
	(City)	(Zip Code)
New Registered Agent's Signature, if cha	nging Registered Agent:	
I hereby accept the appointment as register	ed agent. I am familiar with and	d accept the obligations of the position
Fiorida	Signature of New Registered	
of orange	X /	
joing instrument was acknowledged before me this		
day of 20 09		QY D.
seller 1	Page 1 of 3	Humberto Hernan
Shinature of Notary Public State of Florida)	-	Commission # DD508
Hunsello Hemander.		OF FU Bunner Tray Fam - Insurance, Inc. 800-3

(Print, Type, or Stamp Commissioned Name of Notary Public) Personally known to me, or
Produced Identification:

(Type of identification)

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary)

<u>Title</u>	Name	Address	Type of Action			
Р	FABIO CARDOZO	1865 S.KIRKMAN RD. # 918 ORLANDO,FLORIDA 32811	☐ Add ☑ Remove			
<u>VP</u>	FABIANA SOARES	1865 S.KIRKMAN RD. # 918 ORLANDO,FLORIDA 32811	☐ Add ☑ Remove			
P	MARIA APARECIDA RIBEJI	1865 S.KIRKMAN RD. # 918 VP.ISABEL DA SIVA RAMOS ORLANDO,FLORIDA 32811	☑ Add ☐ Remove			
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) NOTE: VICE PRESIDENT ALSO REMOVED.						
NEW VICE F	PRESIDENT:ISABEL DA SILVA RA	AMOS.				
	······································					
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)						
			1.0 407			
			. —			

The date of each amendment(s) adoption: JUNE/11/2009
	JUNE/11/2009 (date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/were	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
* *	e approved by the shareholders through voting groups. The following statemend for each voting group entitled to vote separately on the amendment(s):
"The number of votes of	east for the amendment(s) was/were sufficient for approval
by	.,,
•	(voting group)
The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder
sele	a director, president or other officer – if directors or officers have not been cted, by/an incorporator – if in the hands of a receiver, trustee, or other court sinted fiduciary by that fiduciary)
	MARIA APARECIDA RIBEIRO
	(Typed or printed name of person signing)
	(Typed of printed name of person signing)
	DECIDENT
	PRESIDENT. (Title of person signing)
	(The of person signing)
(Print, Typo, or Stamp Commissioned Name of No	da) evanuel Top Public) April 20 Expires January 17, 20 Penered Troy Fain - Insurance Inc. 800-385-7 Total Public)
Produced Identification: T (Type of Ide	ntification) Page 3 of 3